

6TL0CX0QG3

26-01705

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override 6TL0CX0QG0		Primary Crash Document #	Agency Crash Number SC26-01705	Investigating Officer/Deputy DEPUTY K. MCCARTY	
Crash Date 02/18/2026		Crash Time 04:36 PM	Date Arrived 02/18/2026	Time Arrived 04:54 PM	
Date Notified 02/18/2026		Time Notified 04:39 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram NOT TO SCALE 	Reconstruction By
	Photos By
	Additional Information NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS WB ON LINN ST WEST OF W PINE ST. UNIT 1 WAS ON THE INSIDE LANE OF LINN ST, WHICH IS 4 LANES. UNIT 2 WAS WB IN THE OUTSIDE LANE JUST BEHIND UNIT 1. UNIT 1 ATTEMPTED TO MERGE INTO THE OUTSIDE LANE AND IN DOING SO SIDE SWIPED UNIT 2. UNIT 1 FRONT PASSENGER DOOR MADE CONTACT WITH UNIT 2 FRONT DRIVER QUARTER PANEL. FUNCTIONAL DAMAGE DONE TO BOTH VEHICLES AND THEY WERE BOTH REMOVED BY OPERATOR. NO INJURIES. DRIVER OF UNIT 1 CITED FOR UNSAFE LANE DEVIATION.

INCORRECT PLATE

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Location

ON STH33 WB 362 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude	Longitude
	43.47481933	-89.770267938
	X Coordinate	Y Coordinate
	275941.71875	4817273
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements				
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					

Vehicle

01	License Plate Number ATJ5109	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number KL4MMCSL3PB130684	Make BUIC	Year 2023	Model ENCORE GX	
	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT				

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UNIT VEHICLE	Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE			03 - RIGHT SIDE MIDDLE
	Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR
	What Driver Was Doing CHANGING LANES			Vehicle Factors NOT APPLICABLE
UNIT VEHICLE	Driver Prior Action Other		Driver Actions LOOKED BUT DID NOT SEE	
	Owner Name PATRICIA MC FADDEN			Owner Address 218 E HIAWATHA DR LAKE DELTON, WI 53940 , US
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT VEHICLE	04	Event		
	Policy Holder			
	Insurance Company TRI CORE INSURANCE		INDIVIDUAL PATRICIA MC FADDEN	
	Individual			
UNIT INDIVIDUAL	DRIVER PATRICIA MC FADDEN		Citations Issued 1	
			Sex FEMALE	
			Date of Birth	
			Race WHITE	
Address 218 E HIAWATHA DR LAKE DELTON, WI 53940 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
UNIT INDIVIDUAL	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
Hospital		Date of Death	EMS Run #	
		Time of Death		

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UNIT	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit #	Location	
		Prior Action		
	INDIVIDUAL	Action		
		Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	01	Drug Type		
Individual Condition APPEARED NORMAL				
Violations				
01	UTC Number BK742434	Issue To? 001	Statute Number 346.13(1)	
	Description UNSAFE LANE DEVIATION			

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR	Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				
	02	Vehicle			
		License Plate Number 9VUV844	Plate Type AUT	St CA	Country of Issuance UNITED STATES
	Vehicle Identification Number 2C4RC1L76PR632515	Make CHRY	Year 2023	Model SV	

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UNIT VEHICLE	Color BLK - BLACK	Body Style 4D - 4DR	Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT	
	Extent Of Damage FUNCTIONAL DAMAGE		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name SAMUEL GARCIA	Owner Address 303 1/2 S MAPLE ST NORTH FREEDOM, WI 53951 , US	
02	02		
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company DAIRYLAND-INS-CO	INDIVIDUAL SAMUEL GARCIA	
UNIT INDIVIDUAL	Individual		
	DRIVER SAMUEL GARCIA	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 303 1/2 S MAPLE ST NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 002	Safety Equipment		On Duty Crash
	Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury Severity Injury NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL 02 002	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					